



CLARUS

SHIKANI

- To prevent fogging, apply anti-fog or warm the stylet by using a warm blanket or immersing in a warm saline bottle.
- Press the ET tube into the Tube Stop and position so the stylet is recessed in the tube. Tighten the tube stop.
- Bend the stylet at the cuff - typically 30 degrees. Attach oxygen flow to the Oxygen Port.
- **OPTIONAL** - Hook up a camera to eyepiece to view images on a monitor.
- **OPTIONAL** - Lubricate the stylet and ET tube for easy insertion.

ACTIONS	SIDE VIEW	PLACEMENT	USER'S VIEW
1 <ul style="list-style-type: none"> • Perform direct laryngoscopy • If glottic opening is visible • Intubate under direct vision using Levitan as normal stylet • Scope provides immediate visual confirmation of tube placement <p><i>If glottic opening is not visualized, move to step 2</i></p>			
2 <ul style="list-style-type: none"> • Place the tip of the stylet beneath and away from the epiglottis edge under direct vision • Maintain position of the scope, keeping the tip off of mucosa 			
3 <ul style="list-style-type: none"> • Switch from Direct view to fiberoptic view • View the epiglottis edge, posterior cartilage and larynx 			
4 <ul style="list-style-type: none"> • Advance the scope under fiberoptic visualization through the vocal cords • Remove the laryngoscope • Slide the ET tube off with left hand • Visualize the tube entering the trachea 			

NOTE: The Shikani is versatile and can be used many ways. See how-to guides for alternative techniques on back.

Alternative Techniques

SHIKANI SOLO TECHNIQUE - HAGBERG LIFT

- Difficult Airways
- Limited mouth opening
- Anterior airways
- C-Spine concerns
- Lower Hemodynamic Response
- If laryngoscope contraindicated

- TMJ concerns
- Trismus
- Dental fixtures or concerns



1. Adjust the angle of Stylet as needed.
2. With patient in neutral position, create space and an open channel.
 - Perform jaw thrust with non-dominant hand
 - Tongue-jaw lift with a 4x4 of cotton
3. Insert stylet either midline or by gently rotating it into midline (retro-molar approach may also be useful)
4. Start visualizing early. Pass tongue & epiglottis. If you see nothing or "pink-out", slowly methodically pull stylet back to get view
5. Gently lift epiglottis, aligning stylet to see cords (to assist in lifting epiglottis rock stylet tip anteriorly by lowering eyepiece)
6. Advance scope through cords. Maintain visual confirmation while twisting tube off stylet's tube stop and advance tube into trachea. Do not loosen screw on tube stop. Gently remove stylet by following the curves of the airway.



THROUGH A LARYNGEAL MASK AIRWAY

This technique allows for:

- **Visual confirmation** of LMA and ETT placement
- Use the stylet's rigidity to **maneuver LMA**
- Isolate **mucus / vomit** during a fiberoptic intubation
- Option to **wake patient with LMA**

How To:

1. Lubricate ETT, Scope and interior of the ILMA
2. At end of cuff, Bend Levitan Stylet Distal Tip 40 degrees
3. Remove (and keep) the connector from the ILMA and insert the ETT-Shikani combination through the ILMA
4. Look into Shikani and visualize
 - Go into head of ILMA and out of tip of ILMA
 - Visualize vocal cords and pilot the ETT/Shikani through the vocal cords
5. Gently advance the ETT off the stylet to complete the intubation



A Wonderfully Simple Guide Sheet To The Use Of The Clarus Levitan Stylet With The Cook Gas ILA, Version 2.0.

Intubation Through the Cook ILA With and Without an Optical Stylet
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THROUGH A DOUBLE LUMEN

This technique provides:

- Visualization and confirmation during double lumen tube placement
- Steerability of double lumen tube down to the right or left stem

How To:

1. Fully straighten Shikani except for slight bend at distal tip and remove tube-stop
2. Place patient in sniff position creating a straight channel for the double lumen tube
3. Use the scope to steer and place DLT



CRICOTHYROTOMY

This technique provides

- **Visual confirmation**
- **Optically guided training of cricothyrotomy procedure**



1: Paladino L, DuCanto J, Manoach S. Development of a rapid, safe, fiberoptic guided, single-incision cricothyrotomy using a large ovine model: a pilot study. Resuscitation. 2009 Sep;80(9):1066-9. Epub 2009 Jul 15